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CENTRAL FAX CENTER

FEB 10 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicant:</b>	<b>Edwin KLINGMAN</b>	<b>Docket:</b>	<b>372614-03502</b>
<b>Serial No.</b>	<b>09/387,938</b>	<b>Examiner:</b>	<b>Abelson, Ronald</b>
<b>Filed:</b>	<b>September 1, 1999</b>	<b>Art Unit:</b>	<b>2666</b>
<b>For:</b>	<b>TABLE DRIVEN CALL DISTRIBUTION SYSTEM FOR LOCAL AND REMOTE AGENTS</b>		

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

# AMENDMENT TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ 22 Page Supplemental Response & Amendment under 37 C.F.R. § 1.111;

**STATUS**

- ☒ Applicant claims small entity status under 37 CFR 1.9(f) and 1.27(b).

### EXTENSION OF TIME

- ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Extension</u> <u>(months)</u>	<u>Fee for other than</u> <u>small entity</u>	<u>Fee for</u> <u>small entity</u>
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$210.00
<input type="checkbox"/>	three months	\$ 950.00	\$475.00
<input type="checkbox"/>	four months	\$1,480.00	\$740.00
			Fee \$0.00

- ☒ If an additional extension of time is required please consider this a petition therefor.

**CERTIFICATE OF FACSIMILE TRANSMISSION**

**Total: 42 pages**

I hereby certify that this correspondence is being forwarded via facsimile to Examiner Ron Abelson in Group No. 2686 at facsimile number 571.273.3764 and 703.872.9306 located at Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on February 10, 2005.

Date: February 10, 2005

Yollette Yurralde-Owen

**FEE FOR CLAIMS**

- ☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addit. Fee	Rate	Addit. Fee
Total	41 Minus *0*	41	=	0	x9=	\$0		x18=	\$
Indep.	9 Minus *0*	9	=	0	x43=	\$0		x86=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+145=	\$0		x290=	\$
						TOTAL ADDIT.FEE	\$0	OR	TOTAL ADDIT.FEE
									\$

- ☒ No additional fee for claims required.  
☐ Total additional fee for claims required \$0.

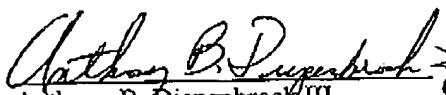
**FEE PAYMENT**

- ☐ Attached is a check in the sum of \$\_\_\_\_\_ for additional claims fee.  
☐ Charge Account No. 50-2778 the sum of \$0 for \_\_\_\_\_.

**FEE DEFICIENCY**

- ☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.  
☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: February 10, 2005

  
 Anthony B. Diepenbrock III  
 Reg. No. 39,960

**DECHERT LLP**  
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**SUPPLEMENTAL RESPONSE AND  
AMENDMENT UNDER 37 C.F.R. §1.111**

Sir,

In response to the Examiner's telephone call on February 9, 2005, Applicant has amended the claims previously presented and submitted this response to conform with the rules regarding previously presented claims.